## THE ROSEVILLE-EASTPOINTE RECREATION AUTHORITY 18185 SYCAMORE ROSEVILLE, MI 48066

(586) 445-5480

Class/Program Name	Registration Date		
Program Day & Time	Registration Fee		
**PLEASE PRINT CLEARLY	N	/lake Checks Payable t	o: City of Roseville
NAME	BIRTHDATE(s)		SHIRT SIZE
SCHOOL ATTENDING	GRADE	MALE	_ FEMALE
HOME ADDRESSEMERGENCY	CITY		ZIP
PHONE PHONE	E-MAIL		
PLEASE LIST ANY PHYSICAL LIMITATIONS THE INSTRUCTOR(s) SHOULD BE AWARE OF:			
I hereby agree to release, discharge, indemnify and save the Recreation Authority of Roseville and Eastpointe and its departments, employees, and agents harmless from any and all liability claims, damages, and causes of action and costs of defense including attorney fees and other costs of whatever kind or nature which may arise or which result from participation in the above-mentioned program. I expressly acknowledge that the Recreation Authority of Roseville and Eastpointe is not responsible to supervise my child and that adult supervision shall be provided by me, or another adult authorized by me, at all times before, during or after participation of my child in the above-mentioned program.			
Signature of Participant (Parent/Guardian if under 18)	nted Name of Participa (Parent/Guardian if un		
Coach/Team Requests (optional):(Please list in order of importance we do not guarantee requests)  I give permission for photographs and/or videos to be taken of myself or my child (under the age of 18) for display in the Recreation Authority of Roseville and Eastpointe newsletter, website, and other public information releases which may also include the photographed person(s) name.			
Check One: YES NO			
PARENT CODE OF ETHICS <u>!!!PLEASE READ CAREFULLY!!!</u>			
As the parent of a child involved in a Recreation Authority ethics:  I will encourage good sportsmanship by demons involved with my child's activity  I will place the emotional and physical well-being will encourage health and safety by ensuring the and alcohol  I will encourage a positive environment by control will encourage improved performance rather that will treat all players, coaches, fans, and officials will ensure that my child treats all players, coaches will do my very best to make youth sports fun for the strength of the str	trating positive support of my child ahead of at my child participate of the first of the second of	rt for all players, coache all personal concerns s in a safe environmen ns	es, and officials
Signature of Participant (Parent/Guardian if under 18)	_	rev. Sept. 2012	CHECK #

Date